

## Utah Provider of Viatical Settlements Annual Report

By March 1 of each calendar year, each provider of viatical settlements licensed in this state shall report to the commissioner all viatical settlement transactions where the viator is a resident of this state. This report shall be submitted electronically using a Microsoft Excel spreadsheet using the columns and column headings shown below. The report shall be submitted to the Life Division using the following address: life.uid@utah.gov									
This report is for calendar year _____.									
Provider information					Preparer information				
Name					Name				
Address					Title				
Phone #					Address (if different from the provider)				
email					email				
A. For viatical settlements contracted during the reporting period:									
date of	life	face	net death	estimated	net	within the contestable		name and address of the	
viatical	expectancy	amount of	benefit	total	amount	or suicide period or		producer of viatical settlement, if	
settlement	of the	policy	viaticated	premiums	paid to	both at the time of		any, through whom the reporting	
	insured at	viaticated		to keep	viator	viatical settlement		provider purchased the policy	
	time of			policy in		yes	no		
	contract			force for					
	in months			life					
				expectancy					
1									
2									
3									
4									
5									
B. For viatical settlements where death has occurred during the reporting period:									
date of	life	net death	total	net	date of	amount of	within the contestable		difference between number of
viatical	expectancy	benefit	premiums	amount	death	time	or suicide period or		months that passed between
settlement	of the	collected	paid to	paid to		between	both at the time of		date of contract and date of
	insured at		maintain	viator		date of	viatical settlement		death and the life
	time of		the policy			contract	yes	no	expectancy in months as
	contract					and date			determined by the reporting

		in months					of death			company
							in months			
1										
2										
3										
4										
C. Number of policies reviewed and rejected:										
D. Number of policies purchased from an individual or entity other than the original viator as a percentage of total policies purchased:										
<b>CERTIFICATION:</b>										
By submitting this report, the provider certifies that the information is complete and accurate.										
Date submitted										
										x